Latex Allergy

An Epidemic of Medicine's Deadly Dust

Welcome to a place where you can learn more about latex allergy!

- Latex allergy results from sensitization to proteins in natural rubber latex.
- It is estimated that 6% of the general population and 15% of healthcare workers are allergic to latex!
- Up to 90% of healthcare workers developed their allergy from exposure to cornstarch on latex gloves.
- In 1995 alone, the FDA received over 1600 reports of allergic reactions to latex, including 23 deaths!
- Latex glove usage has increased from 1 billion pairs in 1987 to 10 billion pairs in 1996, all in response to the institution of universal precautions.
- Great Britian favors powder-free gloves 60-40, unlike the united states, where as many as 80 percent of the gloves used are powdered!
- There are safe, powder-free environments available if you or someone you love is facing surgery.

For more information, see our links below:

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Rostrum-Stop the Sensitization
Kevin J. Kelly MD, Gordon Sussman MD and Jordan N. Fink MD

...."In recent years it has become clear that latex protein, largely carried on the cornstarch used as donning powder in gloves, is inhaled and causes allergic sensitization. Alternately, the sensitizing antigens of latex may penetrate the skin after being solubilized by sweat or may enter through the skin inflamed by the contact dermatitis reaction. In fact, it appears that contact dermatitis often precedes other skin or respiratory symptoms in the health care worker." Further, in recent years, exposure to latex protein antigens has been magnified by the marked increase in the use of examination gloves over surgical gloves, pointing to the increased exposure to latex from examination gloves as the major source to the rising rate of allergic sensitization. It would thus seem reasonable and immunologically sound to decrease glove allergenicity and worker exposure." This could be accomplished by elimination of glove powder or by use of alternative protective materials.

...Furthermore, when patients allergic to latex practice strict latex protein avoidance, symptoms decrease, and evidence of immune sensitization, as manifested by skin reactivity to latex, diminishes. Most important, however, when sensitized health care workers continue to be exposed to latex, asthma may develop, which may progress and persist even after strict avoidance of the workplace and all nonhospital sources of latex. Once established, the asthma may be triggered by nonspecific stimuli and pulmonary function may remain permanently impaired even after leaving the health care profession, as in other cases of occupational asthma. Thus health care workers have latex sensitivity that may result in progressive asthma, ending their career. To control this serious and potentially disabling occupational disease, the process of sensitization, as well as treatment, of those health care workers already sensitized needs to be addressed. Low antigen, nonpowdered latex gloves reduce inhalation of latex allergen and thus should significantly reduce the rate of sensitization of exposed health care workers and the progression of allergic disease in those already sensitized. All health care and especially hospital facilities should use only synthetic, nonlatex or low-antigen, powder-free latex examination and surgical gloves. Reducing inhalation of contact with latex antigen should reduce sensitization and preserve functional capacity in health care who are at risk of sensitization. Because sensitized workers react to nonpowdered latex gloves, they should be given nonlatex gloves with the same barrier properties as latex."